

Exposure to Asbestos Dust and Diffuse Pleural Mesotheliomas

SIR,—The letter of Dr. W. J. Smither and his colleagues (November 3, p. 1194) drawing attention to the close association between diffuse pleural mesotheliomas and exposure to asbestos dust prompts us to summarize our own experience of this association.

Several years ago one of us¹ described 11 diffuse pleural mesotheliomas collected from the necropsy files of the Institute of Pathology, Queen's University, Belfast. Since then a further four cases have accumulated. Recently we have screened the histological sections of lung from these 15 cases for asbestos bodies, and have found them in 12. In only one case were the bodies plentiful; in the remainder they were few and usually prolonged search was needed for their detection.

Nine of these patients with pleural mesotheliomas with asbestos bodies have died since 1950, and an attempt has been made to get a detailed occupational history from their relatives. The results show that in four cases there was a clear-cut history of intermittent exposure to asbestos. One of these cases had worked in a factory processing asbestos for the shipyards some years before. In the five other cases no definite exposure was admitted by the relatives, but all had jobs in the shipyards which inevitably brought them into intermittent contact with asbestos work—for example, shipyard plumbing and furnace repairing.

A few weeks ago we saw a patient in whom it was possible to make a firm diagnosis of diffuse pleural mesothelioma from the clinical picture and biopsy material. He had to stop work because of his disease at 62 years. For all his working life he had been an engine-room fitter and had worked for periods each year cleaning down and dismantling machinery which had been embedded in asbestos insulation.

In most of these cases exposure to asbestos was not continuous or prolonged and in some instances there was a considerable gap between the last exposure and the onset of symptoms due to the tumour. Mean age at death was 65½ years.—We are, etc.,

Department of Pathology, W. T. E. McCaUGHEY.

Department of Therapeutics and
Pharmacology, O. L. WADE.
The Queen's University of Belfast. P. C. ELMES.

REFERENCE

- ¹ McCaughy, W. T., *J. Path. Bact.*, 1958, **76**, 517.

Castor Oil for Induction of Labour

SIR,—Once upon a time a medical induction of labour consisted of 2 oz. (57 ml.) of castor oil, enema saponis, and a hot bath at hourly intervals followed by quinine sulphate 5 grains (0.32 g.) at two-hourly intervals, three times, and pituitary extract 5 units at four-hourly intervals, twice.

The last two ingredients have been put out of favour because the temptation to push up the dose of quinine to 15 grains or higher and to repeat the pituitary extract too often was too much for the medical attendants to resist and harm was being done to both mother and baby. It is only fair to say that in those days there was no sulphonamide and no antibiotic and therefore surgical interference was more dreaded than it is to-day.

How effective is the medical induction shown of these two potent adjuvants? That is the question we recently sought to answer by keeping records of 100 patients.

The treatment was given 87 times to induce labour and nine times to find out if a patient who thought she was in labour was or was not. In four instances the reason was not stated. The patients were 60 primigravidae, 15 para 1, nine

para 2, six para 3, and one each para 4, 5, 6, and 7 (unstated six).

The stages of gestation were:

32 weeks	1	40 weeks	30
33 "	1	41 "	26
36 "	2	42 "	14
37 "	2	43 "	2
38 "	13		
39 "	8		

The oil certainly lived up to its reputation of being a valuable purgative. In only six instances did a bowel action not follow. The average interval between the administration of the purge and the first response was 2 hours 40 minutes. The time interval varied from immediate to seven hours. The average number of actions was 2.8 per person, the number varying between 0 and 12!

The patients' reaction to the treatment was recorded as:

Indifference	22
Toleration	49
Discomfort	10
Anguish	1

Twelve patients vomited copiously, two patients were extremely nauseated, and two patients seemed to enjoy both the oil and the result which followed.

The efficacy of the oil as an oxytocic drug was not so marked. In 27 instances only did the patient go into labour. In 73 it failed, though five of these had a few uterine contractions which passed off.

The 73 failures occurred at:

32 weeks	1	39 weeks	4
33 "	1	40 "	24
36 "	2	41 "	19
37 "	1	42 "	11
38 "	8	43 "	2

This apparently disproved the oft-repeated suggestion that it is likely to be successful at or after term.

The 27 successes occurred at:

37 weeks	1	41 weeks	8
38 "	2	42 "	4
39 "	3	43 "	0
40 "	8	44 "	1

Now we have to decide if a 27% success rate warrants the discomfort, anguish, extreme nausea, and vomiting which were recorded in 25% of patients, in an age when artificial rupture of the membranes is a safe and satisfactory method of achieving the desired result.—I am, etc.,

C. KEITH VARTAN.

British Hospital for Mothers and Babies,
London S.E.18

Inducing Labour by Intra-amniotic Injection

SIR,—Mr. F. J. Burke's letter (October 27, p. 1129) concerning the induction of labour by intra-amniotic injection of hypertonic glucose solution prompts me to write briefly to you.

I first started to use "uroselectan B" and hypertonic glucose solution for the induction of labour when I was registrar at King's College Hospital in 1933. Two cases so treated were included in a book that I submitted for my M.R.C.O.G. examination later in that year. However, my purpose in writing is not in order to establish precedence in connexion with this procedure, but rather to issue a word of warning to any who may be prompted by the recent paper by Mr. Carl Wood, Mr. R. T. Booth, and Professor John Pinkerton (September 15, p. 706) to try this method for themselves.

After a very considerable experience I finally abandoned the method following a maternal death due to